

Application Data Sheet

Application Information

Application number:: 10/715,868

Filing Date:: 11/17/03

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: West Nile Virus Vaccine

Attorney Docket Number:: 06132/075002

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Juan
Middle Name::
Family Name:: Arroyo
Name Suffix::
City of Residence:: Rockville
State or Province of Residence:: MD
Country of Residence::
Street of mailing address:: 1014 Grand Champion Drive
City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20850

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Charles
Middle Name::
Family Name:: Miller
Name Suffix::
City of Residence:: Lynn

State or Province of Residence:: MA
Country of Residence::
Street of mailing address:: 183 Euclid Avenue
City of mailing address:: Lynn
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 01904

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: Avram
Family Name:: Catalan
Name Suffix::
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence::
Street of mailing address:: 44 Irving Street
City of mailing address:: Newton
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Thomas
Middle Name:: P.
Family Name:: Monath
Name Suffix::
City of Residence:: Harvard
State or Province of Residence:: MA
Country of Residence::
Street of mailing address:: 21 Finn Road
City of mailing address:: Harvard
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 01451

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/426,592	11/15/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
WO	PCT/US03/36623	11/13/03	YES

Assignee Information

Assignee name:: Acambis Inc.
Street of mailing address:: 38 Sidney Street
City of mailing address:: Cambridge
State of Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 02139